

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002582

1. Entity Name

MIAMI CUTTING CENTER, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90016 032 ***150.00

Principal Place of Business

Mailing Address

14759 GLENCAIRN ROAD
MIAMI LAKES FL 33016

14759 GLENCAIRN ROAD
MIAMI LAKES FL 33071-4307

2. Principal Place of Business

3. Mailing Address

7224 W. McNab Rd.

7224 W. McNab Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Lauderdale

City & State

N. LAUDERDALE

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

65-0807951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIM, SUN K
14759 GLENCAIRN ROAD
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

KIM, SUN K.

Street Address (P.O. Box Number is Not Acceptable)

8835 Ramblewood Dr.
1604

City

Coral Springs FL

Zip Code

33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-05-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KIM, SUN K
STREET ADDRESS 14759 GLENCAIRN ROAD
CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P
NAME KIM, SUN K. ☒ Change ☐ Addition
STREET ADDRESS 8835 Ramblewood Dr. #1604
CITY-ST-ZIP Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2000 (954) 724

Date

Daytime Phone #

0770